

**CERTIFICATE OF MAILING (37 C.F.R. §1.10(a))**

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[Signature]

**ATTORNEY DOCKET NO. 12058**

**PATENT**

**DECLARATION AND POWER OF ATTORNEY  
FOR ORIGINAL PATENT APPLICATION**

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PRODUCTION OF POLYETHEROLS  
USING ALUMINUM PHOSPHONATE CATALYSTS**

the specification of which:

is attached hereto.

was filed as United States Patent Application Serial No. \_\_\_\_\_ on \_\_\_\_\_, and was amended on [\_\_\_\_\_] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

In compliance with this duty there is attached an Information Disclosure Statement. 37 C.F.R. §1.97.

In compliance with this duty, information which may be material is disclosed in the specification of the subject application.

**Declaration and Power of Attorney**  
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I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed.

<u>Prior Foreign Application Number(s)</u>	<u>Country</u>	<u>Foreign Filing Date</u>	<u>Priority Not Claimed</u>	<u>Certified Copy Attached</u>
[ ]	[ ]	[ ]	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35 United States Code, § 119(e) of any United States provisional application(s) listed below:

<u>Application Number(s)</u>	<u>Filing Date</u>
[ ]	[ ]

**POWER OF ATTORNEY**

As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Fernando A. Borrego (34,780); Mary K. Cameron (34,789); Karen M. Dellerman (33,592); David Banchik (36,439); Mary E. Golota (36,814); Barbara V. Maurer (31,278); Anne G. Sabourin (33,772); Brian W. Stegman (30,977); Mark Westhafer (42,220); John Conway (39,150); Randall L. Shoemaker (43,118); Kevin MacKenzie (45,639); and David M. LaPrairie (46,295).

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Declaration and Power of Attorney**  
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FULL NAME OF SOLE OR FIRST INVENTOR: **EDWARD M. DEXHEIMER**

INVENTOR'S SIGNATURE: *Edward M. Dexheimer*

Date: 12/18/01

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CITIZENSHIP: USA

FULL NAME OF SECOND JOINT INVENTOR, (if any):

INVENTOR'S SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

MAILING ADDRESS: (City/State/Country):

CITIZENSHIP:

FULL NAME OF THIRD JOINT INVENTOR, (if any)

INVENTOR'S SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

MAILING ADDRESS: (City/State/Country)

CITIZENSHIP:

FULL NAME OF FOURTH JOINT INVENTOR, (if any):

INVENTOR'S SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

MAILING ADDRESS: (City/State/Country):

CITIZENSHIP:

FULL NAME OF FIFTH JOINT INVENTOR, (if any):

INVENTOR'S SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

MAILING ADDRESS: (City/State/Country):

CITIZENSHIP: [ ]